ENDER: COMPANY	YSSVIJAD NO Ne BEVEE SLICK
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Age  Addressee  D. Is delivery address different from item 12  Yes
Article Addressed to: Court of Common Pleas Luzerne County 200 North River Street Wilkes Barre, PA. 18711	D. Is delivery address different from item 1?
•	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
ELŪRN ADDRESS	8 30 THOIR 3H1 01
NDER: COMPLETE SUCTIONS	A. Received by (Please Print Clearly) B. Date of Delivery
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Actional Head Addisses
or on the front if space permits.	D. is delivery address different from item 1? Yes
Article Addressed to:	J. Is delivery address below
DA Peter Paul Olszewski 200 North River Street Wilkes Barre, PA. 18711	·
g seek a state and a state of the state of t	3. Service Type  Gertified Mail Express Mail
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Gomplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
<ul> <li>Frint your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  Quent  Addressee  Descriptive velocities of green from 12 Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
Attorney General	
Michael Fisher	
15 <sup>th</sup> Floor, Strawberry Square Harrisburg, PA. 17120	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)  7000-05-L0 -0023-0/68	-02/->
	ic Return Receipt 102595-00-M-0952

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